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Ascot Nursing Home - Middlesbrough

Inspection report

19-21 The Crescent
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Middlesbrough
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ascot Nursing Home is a care home providing personal and nursing care to up to 32 older people in one large, adapted house. At the time of the inspection the service were supporting 29 people.

People's experience of using this service and what we found

People told us they were happy with the care and support they received. One person said, "It's the whole atmosphere in the home, everybody's talkative, nice and happy. Everyone seems to love everyone."

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Some records required improving to evidence where best interests' decisions had been made for people.

We have made a recommendation the provider reviews its records for where best interest decisions have been made for people.

People told us they felt safe living at the home. Staff understood their responsibilities in protecting people from harm and abuse. The provider had a robust recruitment system in place. There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible. Accidents and incidents were responded to appropriately. The home was clean and appropriate health and safety checks had been carried out.

Medicines systems were organised, and people were receiving their medicines when they should. Overall, national guidance was being followed for the receipt, storage, administration and disposal of medicines.

The service employed enough staff to meet people's needs. Staff had a good understanding of people's preferences and choices. Some staff had worked in the home for many years. Staff worked closely with family members and a range of professionals to ensure people received the care and support they required. Staff had received suitable training. One relative said, "It's excellent, lovely staff who keep an eye on things and who take pride in what they do."

People were provided with a choice of healthy and nutritionally balanced, homecooked meals. People's eating and drinking needs were closely monitored. Where there were concerns, timely referrals were made to health professionals for support.

The management team promoted person-centred care which was delivered through the assessment of people's individual and specific needs. People's care records were in the process of being reviewed to enhance the recording of people's individual needs. A wide range of activities were provided throughout each day.

People and staff had access to, and support from a management team who had robust quality monitoring systems in place for the service. People, their relatives and staff had their views on the service sought and told us if they were worried about anything they would be comfortable to talk with staff or the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ascot Nursing Home - Middlesbrough

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ascot Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager and 14 members of the staff team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. The management team worked closely with other relevant professionals.
- People and their relatives told us the service was safe. One relative said, "[Person's name] is really well looked after, the staff are just fantastic, and we feel comfortable knowing when we are not here [person's name] is getting well looked after."
- Systems were in place to safeguard people from the risk of abuse. Staff understood their responsibilities to protect people and said they would not hesitate to raise any concerns they had.

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Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed. Staff understood potential risks and how to reduce them.
- Checks were carried out on the safety of equipment and the premises to ensure they were safe for people.
- Systems were in place to review accidents and incidents. Accidents and incidents were analysed to see if further improvements could be made to keep people safe, these were shared with the whole staff team.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. Systems were in place for the safe storage, administration and recording of medicines.
- People were happy with how their medicines were managed. One person said, "There's always a nurse here she'll get me a painkiller when I have a headache."
- Minor shortfalls were found with the recording of some people's 'when required' medicine records which required additional information to guide staff.
- People were protected from the risk of infection. The home was clean and well maintained; staff were trained and followed safe practices. One person said, "The housekeepers here are excellent and they are very responsive, I'd like that to be noted."

Staffing and recruitment

- Safe recruitment processes were in place.
- Staffing levels were suitable at the time of inspection. The provider used a dependency tool to ensure enough staff were deployed to safely meet people's needs.
- We received mixed opinions from people and their relatives regarding staffing levels. Comments included, "If I need anyone I just press my buzzer and someone comes straight away, you don't have to wait" and "I think they could do with a few more [staff], they work so hard and at times they say they will come back but don't always."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the legal requirements of the MCA. The registered manager had submitted DoLS applications to the local authority.
- Records required improving to evidence where best interest decisions had been made for people.

We recommend the provider reviews people's care records to ensure where best interest decisions have been made, these are accurately recorded.

- The provider acted immediately and arranged further MCA training for all staff.
- People were asked for their consent before staff provided any care or treatment. Staff considered the least restrictive ways of working. This had a positive impact on people's wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs were carried out before they came to the home.
- Care records were in the process of being reviewed but clearly set out people's needs, choices and preferences. People were involved, where appropriate, in discussing their care and support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were met. One person said, "I can't recommend them highly enough for the meals they provide."

- Kitchen staff took pride in the meals they provided and went out of their way to cook individual meals people requested and cater for people's specific dietary needs. One relative said, "Today the cooks made rhubarb crumble with gluten free flour for people who have special dietary needs, that's not just a one off."
- People's dining experience was observed to be happy and sociable. Snacks and drinks, including alcohol, were available during the day.

Staff support: induction, training, skills and experience

- Staff were suitably skilled and experienced to support people safely. One relative said, "I watch [staff] and they're all really good, they do all they can for you, they are helpful, and you can talk to them at any time."
- The management team ensured staff were fully supported in their role. Staff received regular supervisions, an annual appraisal and training, all of which was relevant to their roles and up to date.
- New staff received a supportive induction into their role and completed a 'taster day' to see if they were compatible to the requirements and values of the home.
- The management team were approachable and available when staff required advice or support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health by accessing a range of healthcare services. One person said, "Last week I wasn't feeling well, the nurse arranged for my doctor to come and see me, I had a chest infection and now I'm on antibiotics." One relative said, "There's never a problem with staff getting support, they are quick to pick up on things, there's no waiting about."
- Care records contained evidence of close working with professionals such as GPs, district nurses, dentists and speech and language therapists.

Adapting service, design, decoration to meet people's needs

- The design and décor of the home was adapted to meet people's needs. There was clear signage around the home to help people find their way around.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and had their dignity and independence promoted. Comments included, "Staff are marvellous, it's part of the happiness here" and "It's how staff act that is caring, they ask [person's name] if they want anything and nothing is a problem."
- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One relative said, "Staff always keep people's privacy, if they are doing personal things like taking someone to the toilet, they never say it publicly and doors are always closed."
- Staff supported people to develop their independence. Care records reflected the steps staff should take to encourage people to be independent.
- People and when required, their relatives, were involved in decisions about their care. One relative said, "We went through everything together before [person's name] moved in here."
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make decisions about their day to day care needs, in line with their personal choices.
- People could express their views as part of daily conversations with staff, review meetings and through residents' surveys and meetings.
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People had access to advocates if this was required. An advocate helps people to access information and be involved in decisions about their lives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which focused on their needs and choices.
- Care records showed people and where appropriate, their relatives, were involved in planning their care and changes were made when needs or wishes changed.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.
- The whole staff team understood the importance of promoting equality and diversity and respecting people's individual choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were met through care planning and assessment.
- Staff were aware of people's non-verbal signs of communication and responded quickly to diffuse situations. One relative said, "[Person's name] doesn't say much but the staff love them and show a lot of respect and try to get [person's name] involved in activities."
- Information was available in an accessible formats to support people using the service to raise concerns and share their feedback. This included complaints records in easy read format or other languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met through a range of activities provided.
- Staff supported people to establish and maintain friendships both within and outside of the home. Relatives told us they were always welcomed warmly into the home. One said, "Everything about the home is great, when we come in we don't feel uncomfortable."
- The service employed activities coordinators who planned a variety of activities each day. This included, singers, pet therapy, cream teas with prosecco, movie days and outings into the local community.

End of life care and support

- The home followed the Gold Standards Framework for end-of-life care. Staff worked closely with other healthcare professionals to ensure people were provided with the best care possible whilst respecting people's choices to ensure they received a comfortable, dignified and pain free death.

- Advanced care planning took place with people and or their relatives to record their wishes of how they wished to be supported for their end of life care.
- The whole staff team were dedicated to ensuring people's lives were compassionately remembered and celebrated.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would be listened to by the management team. Comments included, "I would go straight to the boss and tell them" and "I would just tell [staff] straight away, I wouldn't sit and dwell on it, there's nothing to grumble about."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture of engaging with people, relatives and staff to improve people's care and outcomes. One person said, "I don't think I could be treated any better than they do, if [staff] put gold in my pocket they couldn't be any better."
- There was commitment at all levels within the staff team for continually improving the care people received which was in line with current best practice.
- Communication within the service was good. One relative said, "If [staff] have any concerns they are straight on the phone to let me know."
- The management team worked closely with a wide range of professionals to ensure all people's needs were met to the highest of standards and achieving their individual outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider understood their responsibilities in relation to the duty of candour. They had submitted timely notifications of specific events following their legal requirement.
- Meetings were held for staff, people and relatives to involve them in the day to day running of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a robust governance framework in place. A range of audits and checks were undertaken on a regular basis to ensure high standards were maintained.
- The management team were open and honest throughout the inspection. One relative told us, "I think the home is well managed, I particularly like it if you have an issue [staff] are very responsive and you just feel comfortable having the conversation."